

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90264 042 ***150.00

DOCUMENT # S83211

1. Entity Name
HUTSON LAND COMPANY, INC.

Principal Place of Business
3030 HARTLEY RD
STE 100
JACKSONVILLE FL 32257
US

Mailing Address
3030 HARTLEY RD
STE 100
JACKSONVILLE FL 32257
US



2. Principal Place of Business
3020 Hartley Rd
 Suite, Apt. #, etc.
Suite 100

3. Mailing Address
3020 Hartley Rd
 Suite, Apt. #, etc.
Suite 100

City & State
Jacksonville, Fl

City & State
Jacksonville, Fl

4. FEI Number **59-3089995** Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip **32257** Country **Duval**

Zip **32257** Country **Duval**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HINSON, DONALD P
3030 HARTLEY RD
STE 100
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent
 Name
HINSON, DONALD P.
 Street Address (P.O. Box Number is Not Acceptable)
3020 Hartley Rd
Suite 100
 City **Jacksonville** **FL** Zip Code **32257**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE **Donald P. Hinson**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTSON, DAVID W. 3030 HARTLEY RD STE 100 JACKSONVILLE FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINSON, DONALD P. 3030 HARTLEY RD STE 100 JACKSONVILLE FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, ELINORE C 3030 HARTLEY RD STE 100 JACKSONVILLE FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUTSON, NANCY 3030 HARTLEY RD STE 100 JACKSONVILLE FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hutson, David W. 3020 Hartley Rd Suite 100 Jacksonville, Fl 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hinson, Donald P. 3020 Hartley Rd Suite 100 Jacksonville, Fl 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cox, Elinore C. 3020 Hartley Rd Suite 100 Jacksonville, Fl 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hutson, Nancy 3020 Hartley Rd Suite 100 Jacksonville, Fl 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Elinore C. Cox** **2/27/02** **904/262-7718**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)